



1) Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yy

2) Address: \_\_\_\_\_

3) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4) Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

5) Best time to call: \_\_\_\_\_

6) E-mail Address: \_\_\_\_\_

7) Are you 18 years of age or older?  yes  no

8) Do you rent or own?  rent  own If renting, landlord's name & phone: \_\_\_\_\_

9) Are all members of the household in agreement to foster?  yes  no

10) Are any members of your household allergic to pets?  yes  no If yes, describe the type of allergy  
and treatment: \_\_\_\_\_

11) Is your yard completely fenced?  yes  no If yes, describe the fence \_\_\_\_\_

12) Where would you keep the fostered animal? \_\_\_\_\_

13) Please check the types of animals that you are willing to foster:

Sick puppies  Adult sick dogs  Mother dog w/puppies  Puppies w/o mother  Dogs w/adjustment problems

Sick cats  Adult sick cats  Mother cat/kittens  Kittens w/o mother  Cats w/adjustment problems

Livestock (specify) \_\_\_\_\_

Exotics (specify) \_\_\_\_\_

Animals from abusive homes (Animals that are part of the Safe Pet Program)

14) Do you have pets?  yes  no (skip to 20) If yes, list the breed, age, sex and name of each: \_\_\_\_\_

# Foster Care Application

15) Are these animals spayed/neutered?  yes  no If no, why? \_\_\_\_\_

16) Are these pets current on vet visits and vaccinations?  yes  no If no, why? \_\_\_\_\_

17) Which vet clinic / veterinarian do you use? \_\_\_\_\_

18) Do your pets tolerate other pets? \_\_\_\_\_

19) Do you have a place to separate your pets from foster pets?  yes  no

20) Please describe any experience you've had with animals that may be helpful to the Foster Care Program

(ex. medication administration, bottle-feeding, etc.) \_\_\_\_\_

## 21) Please read and initial the following statements:

\_\_\_\_\_ Foster animals are owned by the VHS and must be returned to the shelter upon completion of their foster time. The foster program allows the VHS to give the animal a chance it would not normally get. As with all animals, we do our best to find each foster animal a good home, however, we are not always successful. The VHS cannot guarantee all fostered animals will be place for adoption.

\_\_\_\_\_ The VHS will provide all supplies needed for the animal(s) during the foster period. However, we do ask foster parents to provide their own transportation to and from the shelter to pick up supplies.

\_\_\_\_\_ The VHS will provide phone numbers of staff members to call in the event of an emergency.

\_\_\_\_\_ Foster animals are never to go to your personal veterinarian for care. The VHS works with vets that are familiar with shelter medicine.

\_\_\_\_\_ All potential foster parents must attend a general volunteer orientation. Please see a shelter staff member for the next dates.

\_\_\_\_\_ The VHS Shelter Manager will familiarize all foster parents with the VHS Foster Care Manual.

\_\_\_\_\_ A VHS staff member will visit your home prior to fostering an animal.

\_\_\_\_\_ If for any reason during a foster care period, you can no longer care for the fostered animal, you must contact the VHS immediately.

\_\_\_\_\_ Foster parents must dispense all medication as directed by the VHS staff.

**22) Please provide 3 Personal References:**

a) **Name:** \_\_\_\_\_ **Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

b) **Name:** \_\_\_\_\_ **Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

c) **Name:** \_\_\_\_\_ **Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

All of the information I have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying information on this application, or at any time during the adoption process, may disqualify me for adoption

*Signature of applicant*

*Date*

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## For Office Use Only

**Date of application approved:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**Date of volunteer orientation:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**Date of home visit:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**Date of foster manual orientation:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**Vet references checked:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**Date of application denial:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**Reason for denial:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_